
Full Name of Party Filing Document

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Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO, Department of
Health and Welfare,

Petitioner,

vs.

Respondent(s).

Petitioner or Co-Petitioner,

vs.

Respondent or Co-Petitioner.

ORDER TO CONSOLIDATE

Case No. _____

Case No. _____

IT IS ORDERED the above-named cases are consolidated. All further pleadings shall be
filed only in Case No. _____.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By United States mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk